

<b>Case Number:</b>	CM14-0108346		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57 year old male who sustained an industrial injury on 5/11/2012, to his low back. Treatment to date has included medications, physical therapy, injections, and acupuncture. The patient underwent a Panel QME on 1/22/2014, and according to the report dated 2/12/2014, the patient's complaints are constant neck pain that radiates down the arms and constant low back pain that radiates down into the feet with numbness and tingling in the legs and ankles/feet. Pain is increased with sitting and activities. Pain is somewhat relieved with medications, and acupuncture and rest. Review of diagnostic studies provide 1/25/2014 lumbar MRI which provided the impressions: 1. Disc desiccation at L1-L2 through L5-S1 with associated loss of disc height at these levels. 2. Hemangioma at L1. 3. L2-3: Circumferential disc bulge mildly indenting the thecal sac with patent spinal canal, bilateral lateral recesses and bilateral neural foramen. Disc measurement: Neutral: 2.2 mm. 4. L4-5: circumferential disc bulge indenting the thecal sac which causes stenosis of the spinal canal. Concurrent hypertrophy of bilateral facets contributes to stenosis of the bilateral neural foramen that contact the visualized left L4 exiting nerve roots. Disc measurement: Neutral: 4.4 mm. 5. L5-S1: Circumferential disc bulge with concurrent hypertrophy of bilateral facets and ligamentum flava which cause stenosis of the bilateral neural foramen that contact the visualized bilateral L5 exiting nerve roots. Disc measurement: Neutral: 4.4 mm. A 2/05/2014 EMG/NCV study of the bilateral lower extremities provided the impression: abnormal electrodiagnostic study. 1. Nerve conduction study of the bilateral lower extremity without electrodiagnostic evidence for a peripheral polyneuropathy. 2. Electromyography of the bilateral lower extremities and lumbar paraspinal muscles revealed mild active denervation potentials in the left L5-S1 myotomes consistent with an active lumbosacral radiculopathy in the corresponding nerve roots. The QME provided the diagnoses: 1. Cervical spine sprain/strain; status post prior cervical spine surgery,

1/23/00; 2. Lumbar spine sprain/strain, superimposed upon disc desiccation at L1-2 through L5-S1, with associated loss of disc height at these levels; a 2.2 mm circumferential disc bulge at L2-3, which mildly indenting the thecal sac; a 4.4 mm circumferential disc bulge at L4-5, indenting the thecal sac, causing stenosis of the spinal canal, with concurrent hypertrophy of bilateral facets, contributing to stenosis of the bilateral neural foramen, which contacts the visualized left L4 exiting nerve roots; and a 4.4 mm bilateral circumferential disc bulge at L5-S1, with concurrent hypertrophy of the bilateral facets and ligamentum flavum, causing stenosis of the bilateral neural foramen, which contacts the visualized bilateral L5 exiting nerve roots, per MRI 1/25/14; with mild active left L5-S1 lumbosacral radiculopathy, per EMG/NCV studies 2/5/14. The patient had a followup with PTP, [REDACTED] on 2/24/2014, his complaints are constant lower back pain that radiates into the bilateral hips and into the feet, right more than left. Physical therapy was helping with his pain. He also complains of neck pain and difficulty sleeping due to pain and history of sleep apnea. Lumbar spine x-rays on 4/5/2013 reportedly indicated discogenic spondylosis without spondylolisthesis at L5-S1 and posterior shift in lumbar gravity line and right lateral vertebral body at L1. Physical examination reveals pain with decreased lumbar motion in all planes, tenderness, positive SLR 70 right and 60 left, positive kemps, milgrams and valsalva tests, 1+ reflexes, and decreased sensation in right posterior leg and left anterior leg. Diagnoses are 1. Lumbar spine herniated nucleus pulposus with radiculopathy, right more than left; 2. Cervical spine herniated nucleus pulposus status post surgical with residuals and possible new disc injury; 3. Secondary sleep deprivation with past history of sleep apnea. Treatment plan is followup with [REDACTED] for surgery when approved, request authorization for above, and followup with [REDACTED] for pain management. According to the handwritten secondary treating physician's PR-2 of [REDACTED], dated 5/20/2014, which is not entirely legible, the patient complains of continued severe back pain and radiation to lower extremities. He uses a walking stick, and uses Norco for pain. Objective examination documents marked tenderness in the lower lumbar spine. The rest of the objective findings are illegible. The diagnoses are lumbar IVD syndrome and displacement cervical disc w/o myelopathy. Request is for decompression and fusion L4-5, L5-S1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**L4-5 AND L5-S1 Decompression Laminectomy and Discectomy with Posterior Lateral Fusion, Bone Graft, Radial Series Fixation, Posterior Interbody Fusion with Implants:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Spinal Fusion.

**Decision rationale:** Based on the MRI and EMG study results, persistent subjective complaints and positive clinical examination findings, the patient may potentially be a candidate for decompression/discectomy at the L4-5, L5-S1 levels. However, the medical records do not

establish there is spinal instability at the L4-5 and L5-S1 levels, to warrant consideration of fusion. According to the guidelines, spinal fusion in the absence of fracture, dislocation, unstable spondylolisthesis, tumor or infections, is not supported. The medical records do not establish the patient is a candidate for the proposed surgical procedure. The medical necessity of the request has not been established.

### **2-3 Day Inpatient Stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Hospital length of stay (LOS).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

### **Medical Clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

### **Bone Growth Stimulator: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Bone growth stimulators (BGS).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.